

CLAIMS ONLY

Application Number

09/870243
Applicant(s)

Filing Date

~~Applicant(s)~~

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				2		
8				2		
9				2		
10				2		
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49						
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Total Indep			1			
Total Depend			31			
Total Claims			32			